

Draft minutes of the Community Pharmacy IT Group (CP ITG) meeting held on 19th November 2019 at NPA, 38-42 St Peter's Street, St Albans, AL1 3NP

The Group was formed in 2017 by [PSNC](#), [NPA](#), [RPS](#), [CCA](#) and [AIMp](#). The meetings are attended by members representing the five organisations and representatives from pharmacy system suppliers and NHS Digital. Further information on the group can be found on the [PSNC website](#).

Present

Richard Dean (chair), Association of Independent Multiple pharmacies (AIM), Dean and Smedley pharmacy
Dan Ah-Thion (Secretariat), Pharmaceutical Services Negotiating Services (PSNC)
Matt Armstrong, CCA/Boots
Steve Ash, Day Lewis Pharmacy
Vishal Babu Takkallapelly, Tesco Pharmacy
Gemma Binns, CegeDimRx
David Broome (vice chair), PSNC/Stancliffe Pharmacy
Mary Gough, Company Chemists' Association (CCA)
Stephen Goundrey-Smith, Royal Pharmaceutical Society (RPS)
Rikesh Lad, CCA/Asda
Anthony Maguire, RxWeb
Fin McCaul, PSNC/Prestwich Pharmacy
Coll Michaels, NPA
Nisha Mistry, NPA
Richard Morgan-Greene, Positive Solutions
Jeff Shelley (Titan, Invatechhealth)
Janson Woodall, Well pharmacy

Apologies for absence from members

Sibby Buckle (RPS), David Evans (NPA), Sunil Kochhar (PSNC), Andrew Lane (NPA), George Radford (CCA), Ravi Sharma (RPS), Craig Spurdle (CCA) Iqbal Vorajee (AIM) and Heidi Wright (RPS).

Minutes of previous meeting and matters arising

The group accepted the minutes of the previous meeting. Remaining actions were carried into the [agenda papers](#)' 'next steps' for this meeting.

CP ITG Work Plan items

1 Supporting the development of interoperability/integration

The information from the [agenda and papers](#) (published at the [CP ITG webpage](#)) was noted and the group agreed the proposed next steps.

Summary Care Record (SCR) Reasonable Adjustments Flag (RAF) piloting. The group discussed Appendix CP ITG 04/11/19. NHS Digital RAF team updated the group. The RAF team are supporting a technical pilot within parts of Gloucestershire and Devon. They team explained that:

- Further feedback to the RAF team will inform developments. RAF development is driven by the Equality Act 2010 and intends to improve the care for those who are disabled or who live with learning disabilities etc. The Equality Act does not require a formal assessment to be carried out for each health interaction. Healthcare providers must decide whether to make a reasonable

adjustment in accordance with the Equality Act after their assessment. RAF information could help a decision, but will not replace the healthcare provider's responsibility to apply their usual protocols or assessments. Carer-related information could be entered into the RAF field, if meeting some relevant criteria.

- Healthcare staff will be able to view or update RAF information. When recording information, there is auditability about who updated information.
- Some patients consulted said they did not want their RAF information to be populated; this influenced the planned governance framework. Patients will need to consent to RAF information being populated, as set out within the current RAF governance framework. In the longer term, it is envisioned that the patient may also be able to view their RAF information when they digitally access their record.
- Those initially populating RAF information are anticipated to be specialist healthcare professionals, e.g. memory clinics and learning disability specialists. The detail of the flag will have a selection of drop-down criteria and phrases; the RAF team are still welcoming suggestions for these.

The group provided some feedback:

- RAF information is an IT feature but there are many related professional aspects. Sector specific educational materials for those who may view or record into RAF will be important.
- Consideration is needed to mitigate the risk of patient expectations not being set correctly regarding preferences surrounding use of monitored dosage systems (MDS). Guidance and the tool itself (e.g. with drop-down options and text) may explain that community pharmacists, instead of other healthcare professionals, as the expert for medicines should determine whether the use of MDS is a reasonable adjustment following assessment. MDS is a common preference and a private service offering, but frequently an Equality Act assessment will not determine that MDS is a necessary reasonable adjustment. The rollout of RAF information should be associated with pharmacy-specific guidance. Such guidance must also seek to ensure that patient expectations are managed. For example: suggestions within the SCR RAF area by a community pharmacist that patients could receive MDS does not mean that another community pharmacist later servicing the patient will come to the same conclusion following their assessment.
- Pharmacists won't be aware of many specific patient conditions to initiate a non-medicines flag and would not anticipate adding such adjustments.
- The RAF information may be more helpful for pharmacy teams if pharmacy clinical (PMR) systems were soon integrated with SCR and RAF information. The indicator of RAF being populated could be communicated in a user-friendly way, e.g. on the prescription form (electronic and/or paper). PMR suppliers are not yet integrating with SCR. An example of integration would also be pharmacy systems able to allow pharmacy teams to quickly record in a structured way that they had made a particular reasonable adjustment – following their own assessment.
- The pilot could involve comments from pharmacy staff that look at RAF.
- Might patient's carer-related information be held in a central place and populate the RAF?

Action: The group to email comments to Dan Ah-Thion by 20th December 2019, so collated comments are fed to the NHS Digital RAF team.

Summary Care Record (SCR) one-click access integration with PMR systems: The group members previously identified this as a priority and continue to view this as such. PMR suppliers partially self-assure SCR integration using NHS Digital's toolkit.

Transfer of patient information (e.g. flu vaccination messages from pharmacy to GP practice systems): The group discussed the transfer of information updates within Appendix CP ITG 03/11/19. NHS Digital statistics can be used within future good news messages on the topic. James Walker (NHS Digital Programme Manager for the Transfer of Care (ToC) for eDischarge) updated the group regarding technical work enabling messages to be received into GP practice systems: particularly hospital discharge information. Hospital information is passed via Medical Subject Headings (MeSH) and using the Professional Record Standards Body (PRSB) standards. NHS Digital may later consider additional settings and uses for the software. Interoperability Toolkit (ITK) messaging compatibility is required. It is anticipated that various GP practice systems may increasingly receive information in this fashion: notification of vaccination, emergency supplies etc. Other systems could also receive such ITK messages.

2 Supporting the development of patient medication record (PMR) systems

The information from the agenda and papers was noted and the group agreed the proposed next steps.

Prescription form changes and amendments to EPS Dispensing Systems Specification: The group discussed Confidential Appendix CPITG 02/11/19 which outlined changes linked with [updated EPS Guidance for Endorsement \(NHSBSA\)](#) which lists new GP practice endorsement EPS codes proposed for: sexual health, mental health (MH) and tuberculosis (TB). Advance communications for community pharmacy teams will be required. After previous meetings, PSNC and NHS Digital had fed back to the Department of Health and Social Care (the project owner) that systems development cycles were long and significant advance notice is required ahead of system changes. PMR suppliers can urgently comment on timescales directly to NHS Digital, if required.

Action: PMR suppliers will be circulating the EPS specification addendum within their organisations and commenting to NHS Digital. The group are also encouraged to email any desired changes relating to NHS Digital's Addendum to EPS Dispensing Systems Specification to Dan Ah-Thion so collated comments are fed to NHS Digital from the group that way additionally.

NHS Community Pharmacist Consultation Service (CPCS) and future Community Pharmacy Contractual Framework (CPCF) services: The group discussed Appendix CPITG 08/11/19. Additional information including funding CPCS arrangements and IT costs is set out on the [CPCS webpage](#). During 2019/20 and 2020/21, contractors providing the service must use CPCS IT systems made available to them by NHS England and NHS Improvement (NHSE&I), all of which needed capability for receiving ITK messages.

From April 2021, contractors providing the CPCS will need to procure their own CPCS IT system. By that time, it is hoped that other pharmacy IT suppliers, including PMR system vendors, will have been able to develop support for the CPCS. Detailed funding CPCS/CPCF discussions are outside of the scope of the group but form part of future PSNC work. Pharmacy teams are expected to want to see their PMR systems integrate with the CPCS service and future services – whether directly or by integration across systems. PMR suppliers would welcome specifications written up by NHS Digital to consider - if these are to be developed. PSNC will speak with NHSE&I about future specifications.

PMR survey: The group discussed Appendix CP ITG 05/11/19. The group had launched its survey before the November 2019 meeting (<https://www.surveymonkey.co.uk/r/XWL5WRP>) to gather the anonymous views of community pharmacy teams about their PMR systems and which enhancements they would like to see prioritised. Survey respondents are completing the survey within 8 minutes on average.

Action: The group will use their communications networks to encourage further survey submissions. All the PMR suppliers are asked if they will include an item within their newsletters and on their website. Example copy was included within the agenda papers. Detailed data relevant to each PMR supplier will be passed to them after additional survey submissions.

3 Connectivity, business continuity arrangements and dealing with outages

The information in the agenda was noted and the group agreed the proposed next steps.

4 Supporting EPS and its enhancements

The information in the agenda was noted and the group agreed the proposed next steps. The group discussed the EPS updates within Appendix CP ITG 03/11/19.

EPS Controlled Drugs (CDs) for urgent care prescribers: The NHS Digital Live Services team updated the group: IC24 (GP OOH system supplier) had EPS CD functionality tested with each pharmacy system during 2018. The feature was disabled whilst EPS CDs rolled out to GP practice systems. NHS Digital will support additional testing from December 2019 and will monitor results. Roll-out will occur subject to successful testing. The group supported the roll-out and plan. Urgent care prescribers are encouraged to make careful checks on pharmacy opening hours before directing EPS prescriptions.

EPS Phase 4 update: Roll-outs continue as outlined within Appendix CP ITG 03/11/19. Further communications and guidance is being issued.

Real-time prescription charge exemption checking (RTEC) update: David Broome said that after taking part in the early use of RTEC, his pharmacy had identified a positive outcome, in that there was significantly less need to print tokens. He noted that more prescriptions tokens were submitted to the NHSBSA because the patient had paid a levy, compared with tokens submitted where patients are exempt (but submission is still needed for another reason). There were also more prescription tokens that could be submitted because they had been used to capture a patient signature for EPS CD collection (even though exempt) versus all the other tokens submitted; Pregabalin and Gabapentin made up large percentage of these paper EPS CD tokens.

The group were supportive of the move towards paperlessness and future policy changes which enable even less use of paper tokens. The NHSBSA's RTEC patient-facing and pharmacy materials explain that patients will need their address to be correct within the NHSBSA records, as well as their GP practice records. The records are not currently synchronised and a move to address this is not expected anytime soon. There is a process for patients who have moved address, via completion of an NHSBSA web form. PSNC is talking to the NHSBSA and guidance will be prepared on the topic. RTEC DWP testing is to start in early December at around five pharmacies.

5 Promoting a wider IT roadmap

The information in the agenda was noted and the group agreed the proposed next steps. The group discussed Appendix CP ITG 01/11/19.

Community Pharmacy Digital priorities and comments on the interim workstreams: The group split into smaller working groups to consider the revised list of workstreams and those top priorities for the seven 'digital vision' categories (user need; privacy and security; interoperability and openness;

inclusion; infrastructure; innovation; and capabilities) (using Appendices CP ITG 01A/11/19 and 01B/11/19). The outputs will be collated and be shared with the group and will also be used to support the group's further work ahead of and at the next meeting.

Community Pharmacy Contractual Framework (CPCF) grid and IT implications: The group split into smaller working groups to consider IT implications relating to Appendix CP ITG 01C/11/19. The outputs will be used to support the group's further work.

6 Supporting cyber security and information governance

The information in the agenda was noted and the group agreed the proposed next steps. The group discussed Appendix CP ITG 07/11/19. There are a few new spots for extra cyber pilots for independent pharmacies (and Dan Ah-Thion can be contacted by 20th December 2019 if you'd like to take part).

The group's Windows 10 briefing was published before the meeting. Patients have been informed their personal data will not be used with planning/research as the basis with effect from end of March 2020. The DSPTK came online early during the financial year, but the pharmacy profile and guidance will be refined further, and guidance is anticipated to be released before the next meeting.

Action: Julian Horsley and Dan Ah-Thion to explore whether a ticket can be raised at the appropriate place (potentially NHS Digital National Service Desk) regarding an issue in which Java updates may corrupt Smartcard access due to an issue with the ticket folder certificate not being transferred during the Java update process.

Action: Pharmacy contractors and their PMR suppliers are asked to continue to ensure that named patient data or non-fully-pseudonymised patient data is not used with planning and research as the basis. PMR suppliers and aggregators will also make their own Toolkit submissions including the question regarding compliance with the National data opt-out system for patients.

7/8 Supporting NHSmail, tackling issues related to the practical use of pharmacy IT, and promoting good IT practices

The information in the agenda was noted and the group agreed the proposed next steps.

9 Consider the development of apps, wearables and technologies in healthcare

The information in the agenda was noted and the group agreed the proposed next steps.

Use of patient-facing NHS website's medicines A-Z directory within IT systems/tools: The group discussed Appendix CP ITG 06/11/19. The group said it would be helpful to understand how both the A-Z directory and manufacturer patient information leaflets (PILs) remain aligned. Suggestions about the directory had included:

- Using dm+d coding or standardised links so that patient-facing tools that referred to medicines could link directly (nhs.uk/medicines/[name] + nhs.uk/medicines/[dm+d identifier])
- Manufacturer barcode, e.g. on medicines box also link to directory entries.

Directory of Services (DoS) Service Finder tool: This tool (<https://finder.directoryofservices.nhs.uk>) is for health and care staff and has relevant information beyond that included on the nhs.uk website to

support signposting. Following a brief update, feedback included that: the tool would be helpful in some scenarios; the current need for separate login details is likely to be a barrier to wider usage. In the longer term it would be helpful for automated entry for pharmacy staff based on other authentication methods, e.g. smartcards; it is not anticipated that this will be feasible soon. The group supported the service finder team attending the March 2020 CP ITG meeting. Pharmacy-specific guidance would be helpful and future messages could explain how the tool would be used by pharmacy staff.

Action: The group are encouraged to register (using the Service Finder link and selecting '[Register](#)') and test out the tool and provide feedback to Dan Ah-Thion.

Any other business

- **Key communications:** following the meeting to include PMR survey and EPS Phase 4.
- **Digital capabilities:** Stephen Goundrey-Smith explained that the Royal Pharmaceutical Society (RPS) and Pharmacy Digital Forum (PhDF) will be involved with further work to promote digital capabilities amongst the workforce.

Future meetings may be scheduled

- 3rd March 2020
- June 2020
- September 2020
- November 2020